

Name
in
Full

Annice E. Barnes -

CERTIFICATE OF DEATH

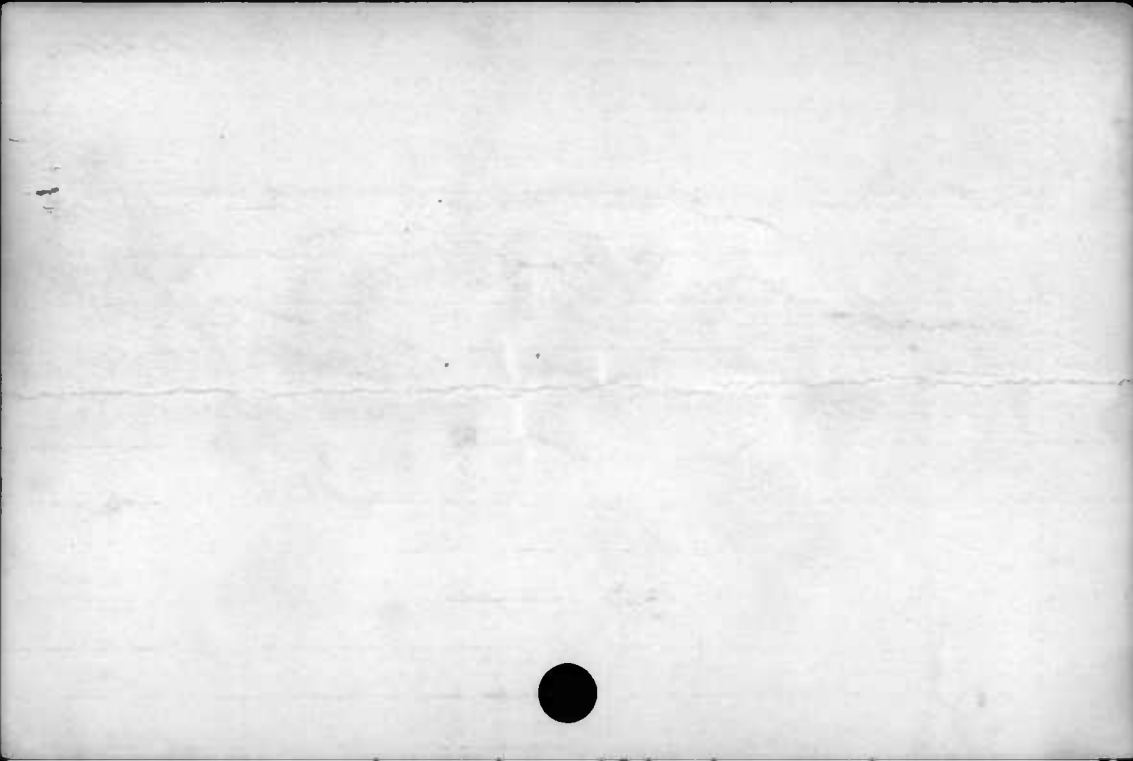
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Reson's Springs</i>		Town <i>Chesapeake</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>66</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>House wife</i>				
Name of Wife or Husband <i>Robert E. Barnes</i>							
Father's Name <i>John S. Kelley</i>				Father's Birthplace <i>Del.</i>			
Mother's Maiden Name <i>Zaphora Warren</i>				Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>Robert E. Barnes</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>24 hours</i>
Immediate <i>64</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Mitchell</i>
<i>Yes</i>	Address <i>Pennocky Ind.</i>
Accident or Suicide? <i>No</i>	



Name in Full:

Certificate of Death

Robert E. Baykin

Town

County

Died at

MARYLAND

Died at *Ben Geymont* *Charles*
 Date *1903* *June* *22* *Y.* *M.* *D.* *McC.* *None*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Number of children living

Husband of _____
 Wife _____

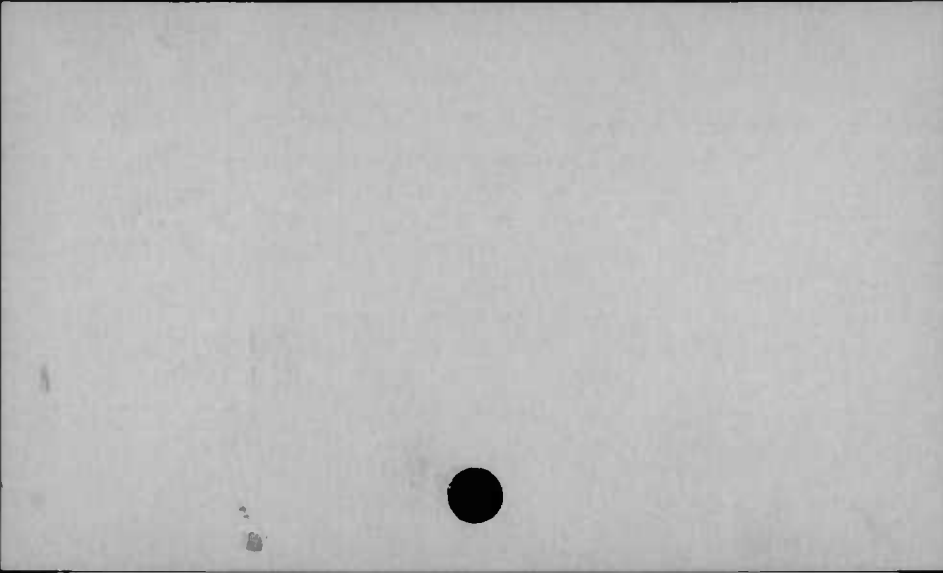
Father's Name *Robt. M. Baykin* Mother's Name *Margaret J. Browne*

Cause of Death { Primary *Pneumonia* How long sick *10 days*
 { Immediate *93* Accident, Suicide, Homicide

Reported by *J. W. Mitchell M.D.*

Address *Pennocky* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Annie Brookbank

Died at ^{Town} Newfries- ^{County} Charles MARYLAND

Date ~~1903~~ 1903 Jan 28 | Age 37 | Native of Charles | Occupation Housewife
 White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

Husband of Chas. Brookbank
 Wife Jos. H. Lunn
 Father's Name Jos. H. Lunn Mother's Name Rebecca Lunn

Cause of Death { Primary Bright's disease | How long sick 12 months
 Immediate | Accident, Suicide, Homicide

Reported by Jos H Lunn
 Address Vicinico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Guster Brown

Town

County

MARYLAND

Died at

Rock Point Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

11

Age

22

*Ind**Ball*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's
Name

Samuel Brown

Mother's

Maiden Name

Marian Sumner

Cause of

Primary

Lung Trouble 95

How long sick

4 days

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

W. R. Clark Undertaker

Address

Newberg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laurissa Butler</i>		Town <i>Hughesville</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Hughesville</i>		Month <i>1</i>		Day <i>2</i>		Years <i>70</i>	
Date of death 1903		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband <i>John Butler</i>							
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Isaac Butler</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart-failure</i>		How long <i>sudden</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>He. Lechappelle M.D.</i>	
		Address <i>Hughesville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Jane Leabrey

Town

County

Died at

Nanjemoy

Chas

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

Jan

11

Age

72

—

—

Sex

Female

Color or
Race

Black

Birth-
place

Md.

Married, Single
or Widowed

Occupation

Farming & midwife

Name of
Husband

Edward Leabrey (deceased)

Father's
NameFather's
BirthplaceMother's
Maiden Name

Ellen King

Mother's
Birthplace

Md.

Name of person giving
information

Frank Leabrey

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia 93

How long

6 or 8 days

Immediate

11

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

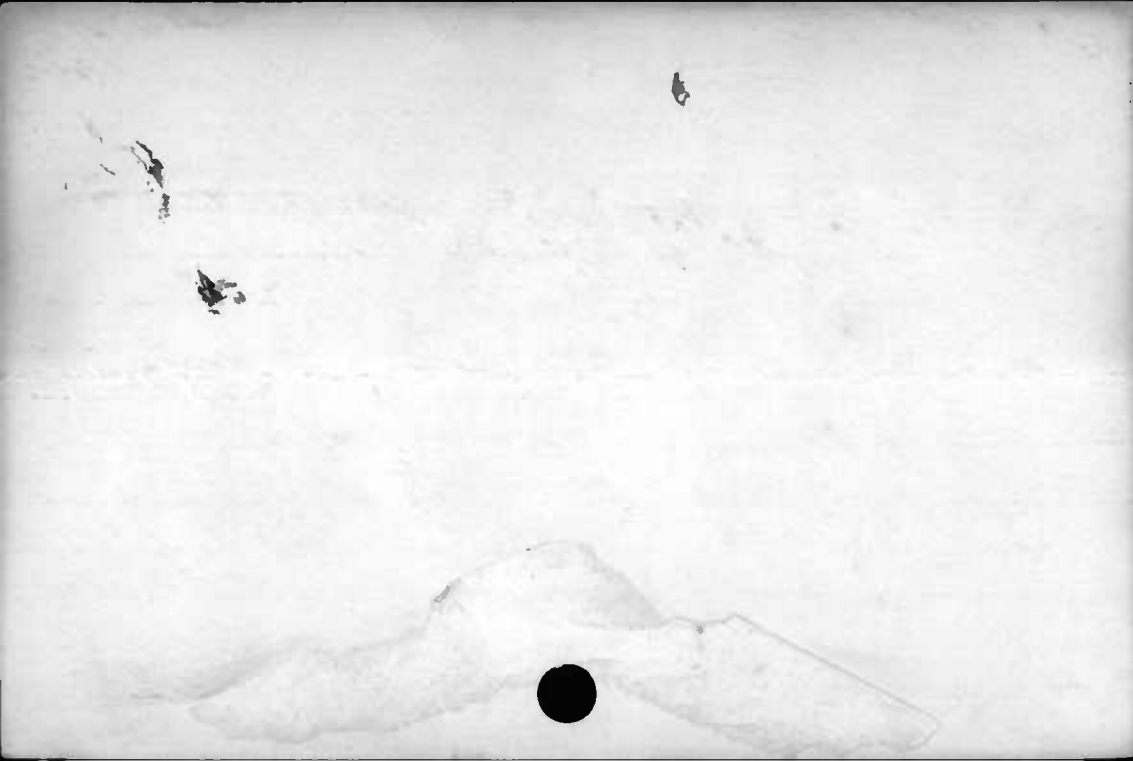
S. H. Speake

Address

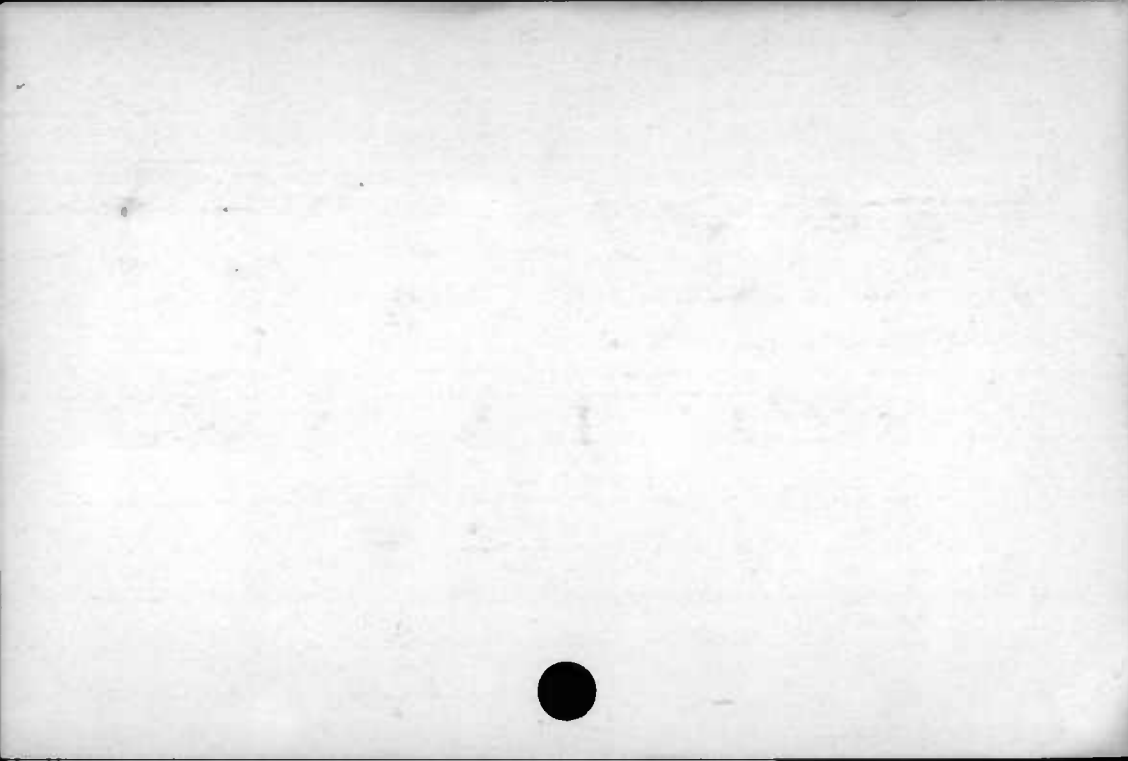
Grayton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary Chew				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		Benedict		County Charles		
		Date of death 1903		Month Jan	Day 7	Age 2	Years 3	Months Days
		Sex Female		Color or Race Negro		Birth- place Ind		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name Thomas Chew			Father's Birthplace Ind			
		Mother's Maiden Name Martha			Mother's Birthplace Ind			
		Name of person giving Information Thomas			How related to deceased Father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Marasmus				How long 3 mos.		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician J. C. Chappelow		
		Accident or Suicide?				Address Stuyvesantville Ind.		



Samuel H. Conter

Town

County

Died at

Shiloh

Charles

MARYLAND

Date

1903

Month

11

Day

27

Y.

M.

D.

Age

71-5-12

Native of

Ind.

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

1 mos. 15 days.

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

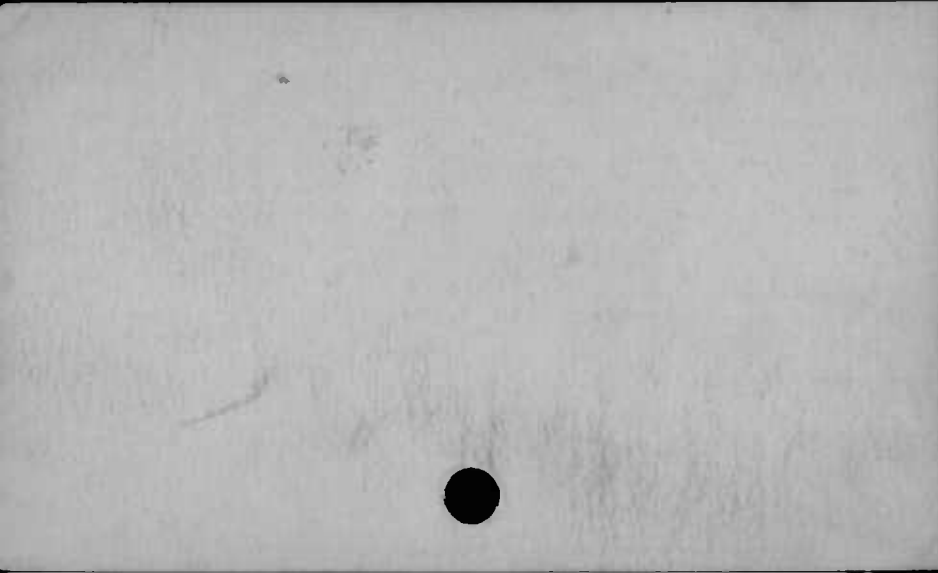
Reported by

J. L. Higdon, M.D.

Address

Wayneville
Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Correllie Emmons

Town

County

Died at New Marshall Hall

Charles

MARYLAND

Date 1908 Jan 9 Age 77- Y. M. D. Native of - Md. - Occupation None

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife of Not married

Father's Name Edevance Emmons Mother's Name Mary A. Jackson

Cause of Death { Primary Rheumatism
 Immediate Heart Disease

How long sick
 Accident, Suicide, Homicide

Reported by J. W. Mitchell M.D.

Address Pomeroy Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Clay Ferguson

Town

County

Died at Calant Gown

Chas Co

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	1	25		11	29	Maryland	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living		

Husband
of
WifeFather's
Name

John Ferguson

Mother's
Name

Theresa V Ferguson

Cause of

Primary

Pneumonia

How long sick

1 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

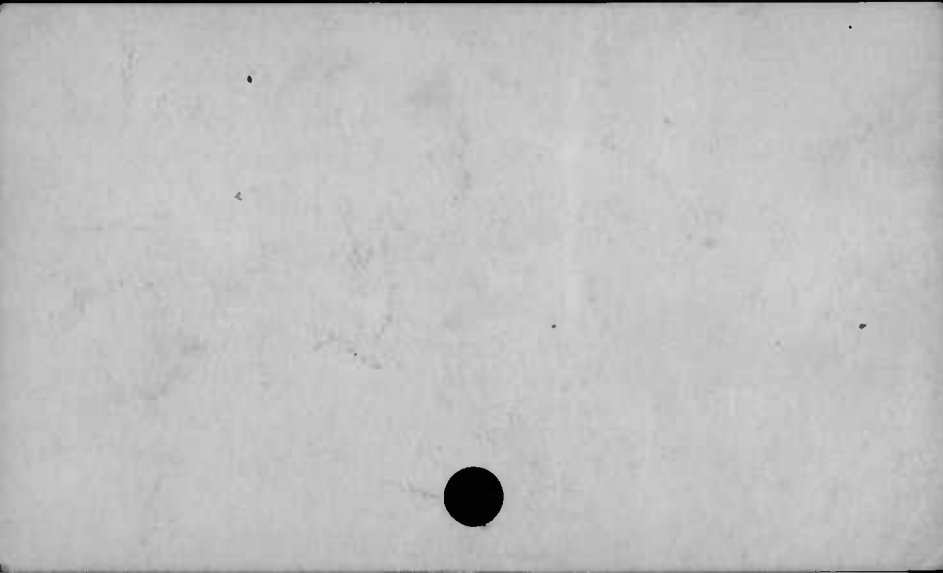
A. P. Latimer - M. D.

Address

Orme. P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M. D.



Died at Indian Head Charles MARYLAND
 Town County
 Date 189 1903 Jan. 29 Age 0 0 1/2 Native of Indian Head Md Occupation -
Female White Single Widow Number of children living Infant.
 Husband of _____
 Wife _____

Father's Name John Robert Gray Mother's Name Sarah Cook Gray
 Cause of Death { Primary Asphyxia: at birth. 151 How long sick Two hours.
 Immediate Asphyxia Accident, of birth.
 Reported by Dr. J. J. [unclear] Medical Officer, U.S.N.
 Address Naval Training Ground Indian Head, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

W. B. Douglas

of

Harvard Training School.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name

in
Full

Margaret Ann Irvine

CERTIFICATE OF DEATH

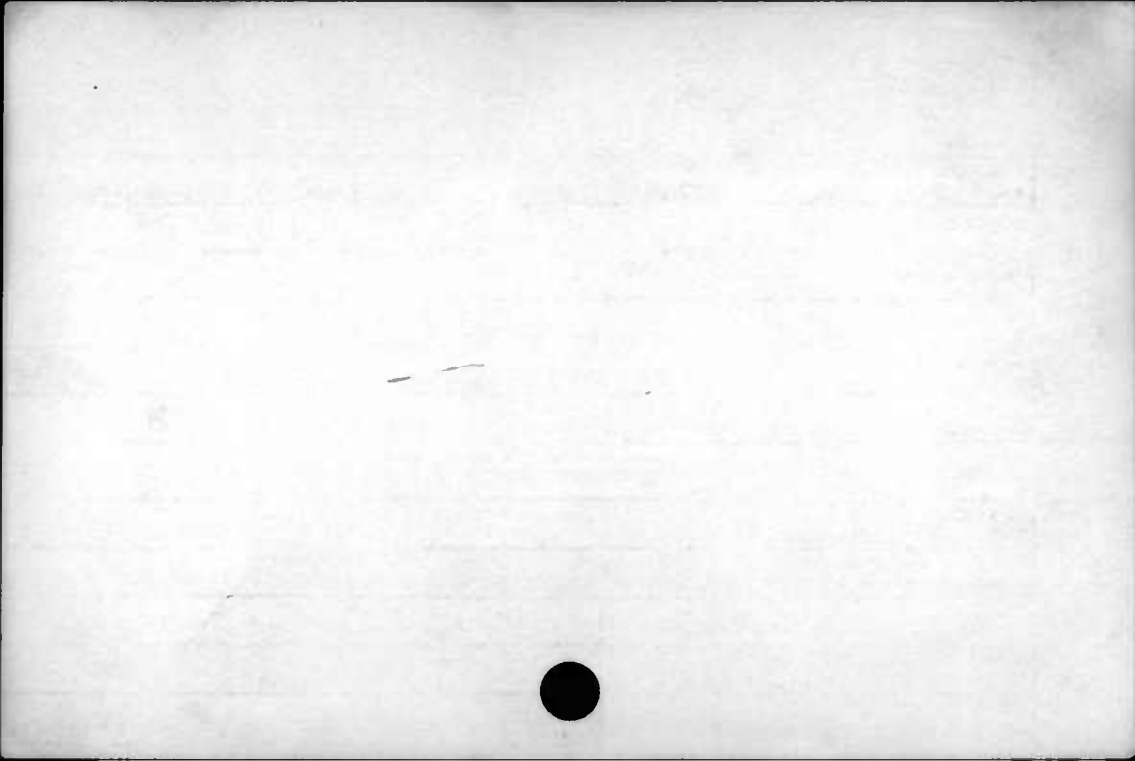
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aspen</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>64</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>John C. Irvine</i>					
Father's Name <i>Michael Cunnigan</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>John G. Irvine</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>64</i>	How long <i>15 months</i>
Immediate <i>Cerebral Paralysis</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. T. Crail</i>	
	Address <i>Sturport</i>	
Accident or Suicide? <i>8</i>	<i>md</i>	



Name
in
Full

Chose or Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonnetta</i> ^{Town}		<i>Chose</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>10</i>	Age <i>Five</i> ^{Years}	Months <i>minutes</i>	Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>McDonnetta</i>	
Married, Single or Widowed <i>single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>Jackson</i>			Father's Birthplace		
Mother's Maiden Name <i>Margaret Jackson</i>			Mother's Birthplace <i>Chose M^d</i>		
Name of person giving information <i>Ann Bawner</i>			How related to deceased <i>Nurse</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immature Birth</i>		How long <i>Five minutes</i>
Immediate <i>151</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>none attending</i>
		Address
<i>Supposed</i>		
Accident or suicide <i>Supposed</i>		



Name
in
Full

R. T. Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bryantown		County Calverton		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		1	30	60			
Sex	man		Color or Race	white		Birth-place	Ind
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Bessie E. Jamison			
Father's Name	Richard Jamison		Father's Birthplace	Ind			
Mother's Maiden Name	Anna Penn		Mother's Birthplace	Ind			
Name of person giving Information	J. H. Chappin		How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright-	How long	12 mo
Immediate	Thrombosis	How long	3 da
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Chappin
		Address	Thompson
			Ind
Accident or Suicide?			

161



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Palmer - City* ^{Town} *Chesapeake* ^{County}Date of death *1903* ^{Month} *1* ^{Day} *29* ^{Years} *50* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Black* Birth-place *Wm*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Alfred Lewis* *10* Father's Birthplace *Wm*Mother's Maiden Name *Jane* Mother's Birthplace *Wm*Name of person giving Information *J. H. Chapman* How related to deceased *Wm*

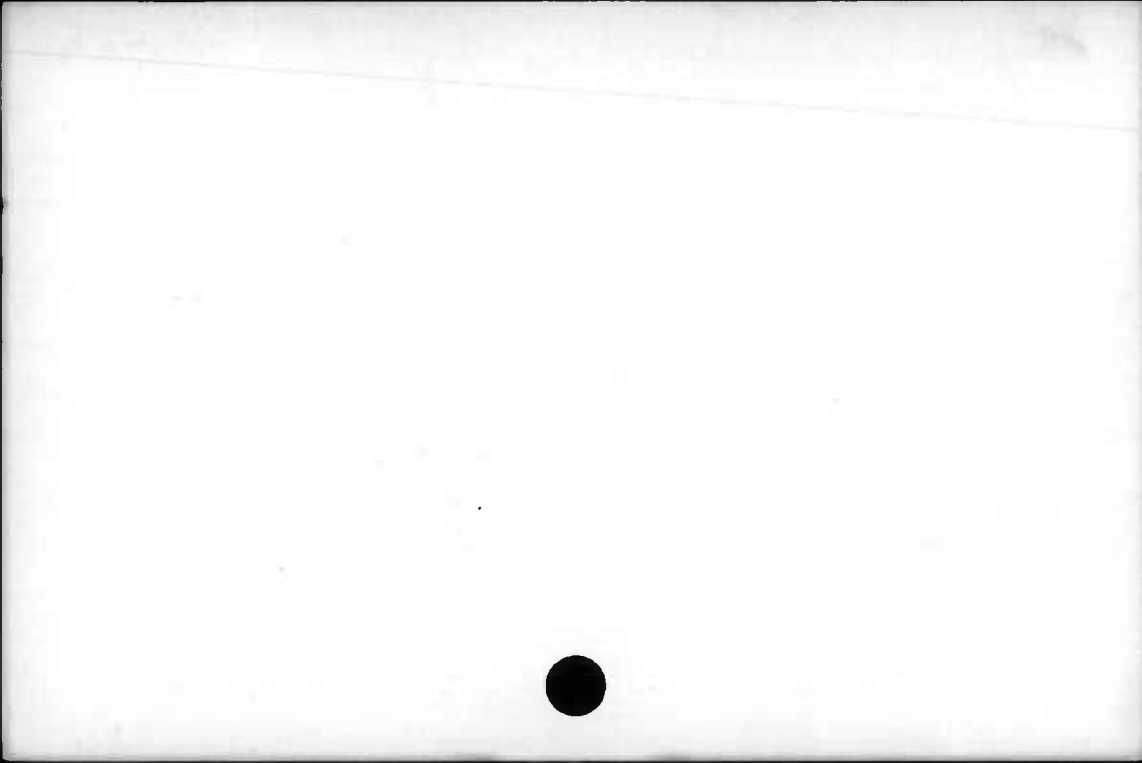
CAUSES OF DEATH

Primary *La Grippe* How long *3 weeks*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Massie Marshall
Town County

Charles

MARYLAND

Died at

Date 1963 *Jan 29* Month Day Y. M. D. Age *3026* Native of Occupation *Housekeeping*
 Male White Married Widow Divorced
 Female *11* Colored *11* Single *11* Widower Number of children living *none*

Husband of

Wife

Father's Name *Henry Anarchist* Mother's Maiden Name *27*

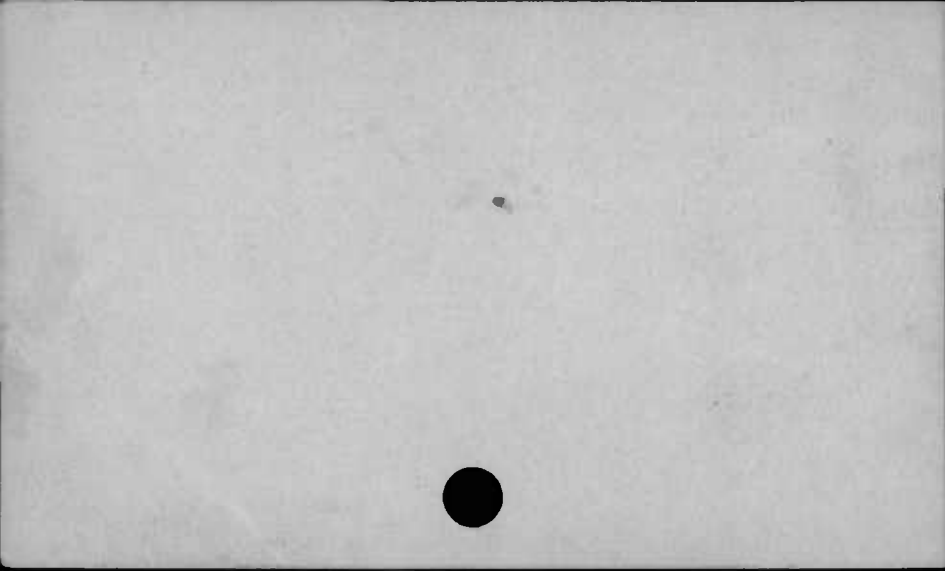
Cause of Death { Primary *Tuberculosis* Immediate *Cause of Death* How long sick *#14 months* Accident, Suicide, Homicide

Reported by

Address

97 L Street
1000 Burgh Rd. *Capitol*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Millicent Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cedar Point		County Choe		MARYLAND	
Date of death 1903	Month 1	Day 2	Age 35	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Virginia				
Married, Single or Widowed	Married		Occupation Homemaker				
Name of Wife or Husband		Nace Marshall					
Father's Name		unknown			Father's Birthplace Virginia		
Mother's Maiden Name		Lallie unknown			Mother's Birthplace		
Name of person giving In formation		George Chose			How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	Address
Accident or Suicide?	

Reported by
Wm. F. Browne

Name
in
Full

Richard Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Steuersport</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>5</i>	Months —	Days —
Sex <i>male</i>	Color or Race <i>Black</i>		Birth- place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation —		
Name of Wife or Husband —					
Father's Name <i>John Middleton</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Celia Matthews</i>			Mother's Birthplace <i>Md</i>		
Name of person giving In formation <i>John Middleton</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long —
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. T. Chase</i>
	Address <i>Steuersport</i>
Accident or Suicide? <i>—</i>	<i>Md</i>



Name
in
Full

CERTIFICATE OF DEATH

Two M. Moore

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waldorf</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Jan</i> <small>Day</small>	<i>4</i> <small>Age</small>	<i>71</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>James Moore</i>					
Father's Name <i>Robert</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Amelia Robert</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i>	How long
Immediate <i>Heart-disease</i>		How long <i>12 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G O Moore</i>	
	Address <i>Waldorf</i>	
Accident or Suicide?		<i>Md</i>



Name in Full

Certificate of Death

Name in Full *John Schott*

Died at *Fulkner* Town *Charles* County *MARYLAND*

Date 1903 Month *1* Day *13* Age *67* Y. *10* M. *22* D. *22* Native of *York Pa.* Occupation *Cooper*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Margaret Schott*

Father's Name *Not known* Mother's Maiden Name *Not known*

Cause of Death { Primary *Senile Gangrene* Immediate *Septicemia* } How long sick *11*

Accident, Suicide, Homicide ☐

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Born child of Phelps Simmons

Died at ^{Town} Chickamuxon^{County} Charles

MARYLAND

Date 1903 Jan 29

Month Day

Age Still Born

Y. M. D.

Native of Md

Occupation

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Phelps Simmons

Mother's

Maiden Name

Frances Savoy

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

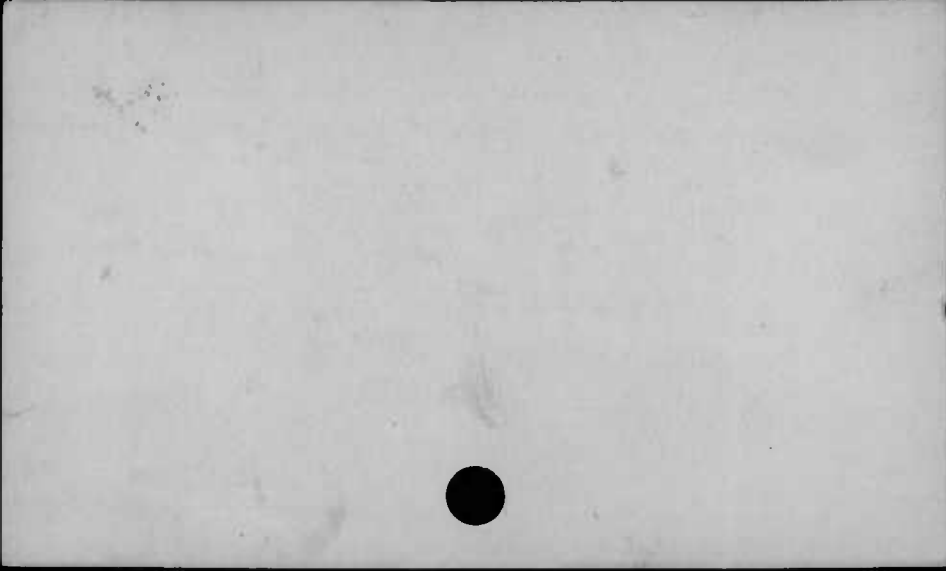
Phelps Simmons

Address

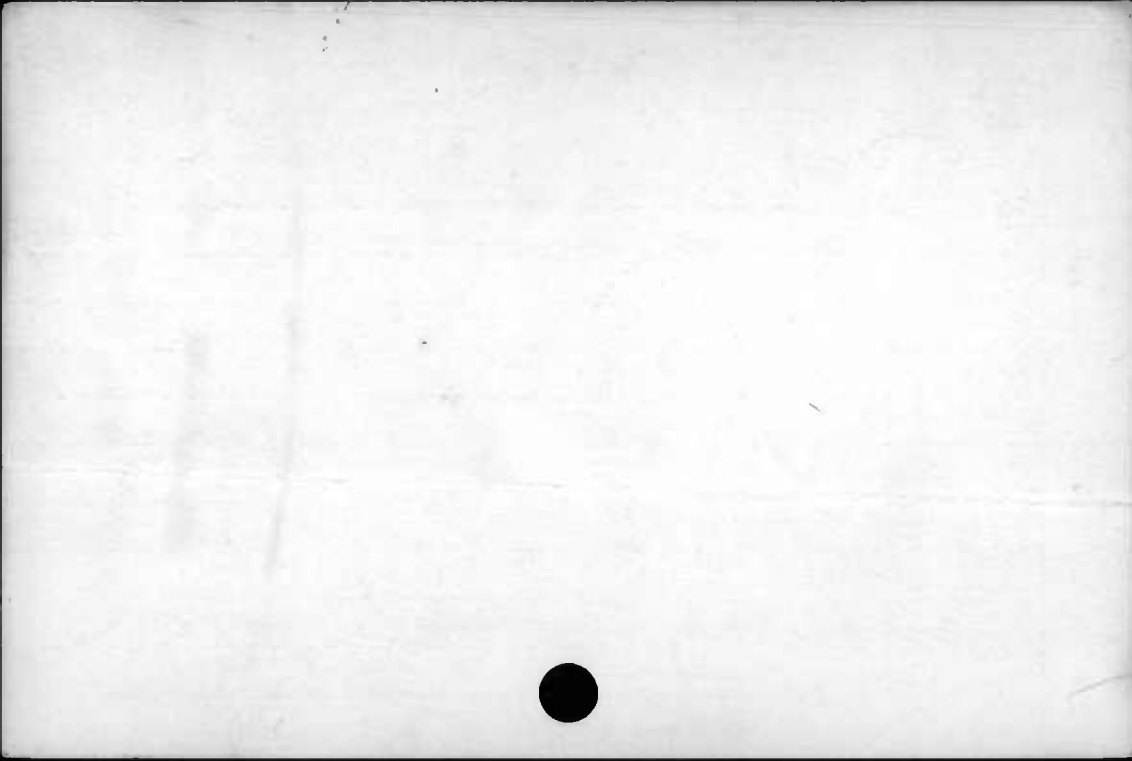
Chickamuxon

Charles Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Elizabetta Small				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 1903		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		Days
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name
in
Full

Agnes O. Luedwig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Bayonetown* ^{County} *Charles*

Date of death 1903 ^{Month} *Jan* ^{Day} *10* ^{Years} *3* ^{Months} *3* ^{Days}

Sex *Female* Color or Race *negro* Birth-place *Ind*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *James Luedwig* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Gross* Mother's Birthplace *Ind*

Name of person giving information *J. James Luedwig* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis Pneumonia* How long *2 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. C. Chappelas.

Address

Danversville Ind

Accident or Suicide?



Name
in
Full

Clarence Thomas

CERTIFICATE OF DEATH

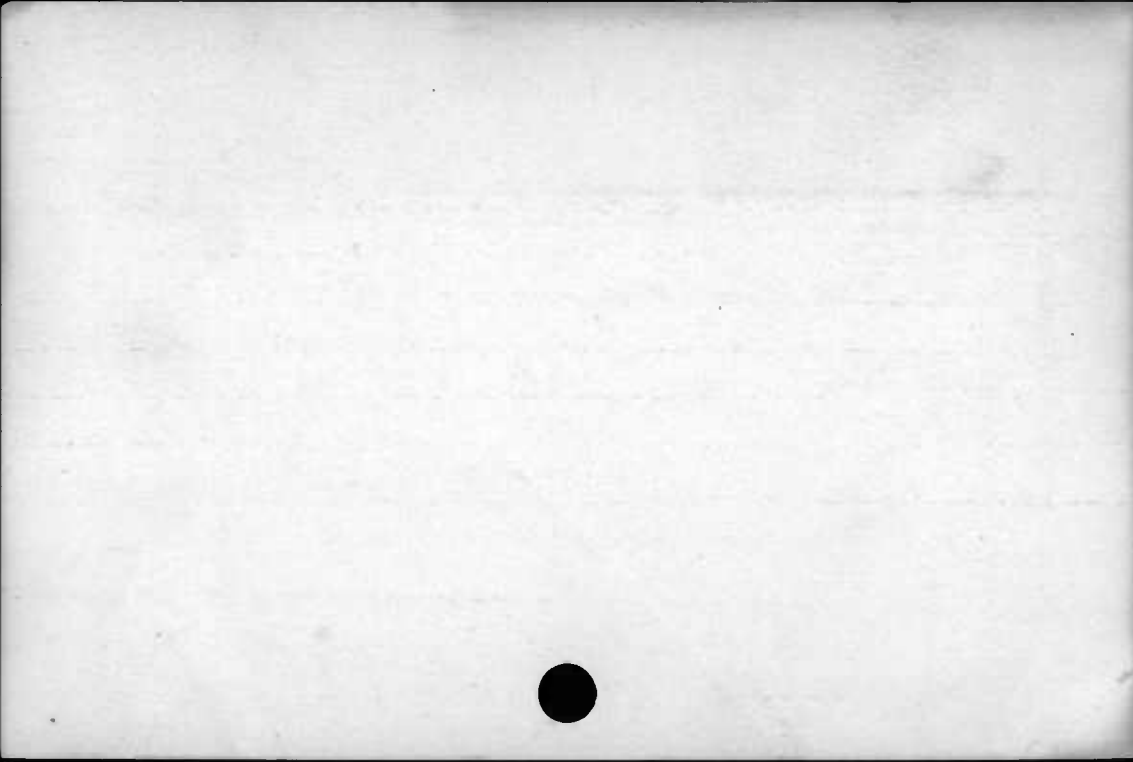
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benedict</i>		Town		<i>Charles</i>		County		MARYLAND	
Date of death 19 <i>23</i>	Month <i>1</i>	Day <i>5</i>	Age <i>44</i>	Years	Months <i>10</i>	Days			
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>md</i>						
Married, Single or Widowed <i>—</i>			Occupation						
Name of Wife or Husband <i>—</i>									
Father's Name <i>Unknown</i>					Father's Birthplace				
Mother's Maiden Name <i>Blanche Thomas</i>					Mother's Birthplace <i>md</i>				
Name of person giving information <i>Harriet Thomas</i>					How related to deceased <i>Grand mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 mo</i>
Immediate <i>Whooping Cough</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Chappell</i>
	Address <i>Highville Md</i>
Accident or Suicide? <i>8</i>	



Name in Full

Certificate of Death

Mary Thompson

Town

County

Died at

Micinico

Charles

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1963 Jan 1

Age

16

Md

Housekeeper

Female

Colored

Single

Widow

Divorced

Number of children living

Husband of

Wife

Father's

Name

Frank Thompson

Mother's

Name

Kate Thompson

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Frank Thompson

Address

Micinico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name In Full

Certificate of Death

Mrs Mary E Lerner

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1893 Jan 15

Age 83

Md

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wilson Lerner

Jed Hayden

Not Known

Cancer on leg

Jas Lerner

Pyeiner

How long sick

45
Several yrs

Accident, Suicide, Homicide

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of